

1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County:	Haskell	$\frac{1}{4}$ $\frac{1}{4}$ SW $\frac{1}{4}$	3	28S	34W EN

Distance and direction from nearest town or city street address of well if located within city?

From Hwy 25 & 160 Ulysses 17E 5N 14E N. Side Rd.

2	WATER WELL OWNER: Mayola Jones
RR #, St. Address, Box #:	Rt 1
City, State, ZIP Code	Satanta KS 67870
Board of Agriculture, Division of Water Resources	Application Number:

3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4	DEPTH OF WELL 397' ft.
		WELL'S STATIC WATER LEVEL 355' ft.	
		WELL WAS USED AS:	
		<input checked="" type="checkbox"/> 1 Domestic <input type="checkbox"/> 2 Irrigation <input type="checkbox"/> 3 Feedlot <input type="checkbox"/> 4 Industrial <input type="checkbox"/> 5 Public Water Supply <input type="checkbox"/> 6 Oil Field Water Supply <input type="checkbox"/> 7 Domestic (Lawn & Garden) <input type="checkbox"/> 8 Air Conditioning <input type="checkbox"/> 9 Dewatering <input type="checkbox"/> 10 Monitoring Well <input type="checkbox"/> 11 Injection Well <input type="checkbox"/> 12 Other	
Was a chemical / bacteriological sample submitted to Department? Yes No			
If yes, mo/day/yr sample was submitted			
Water Well Disinfected: Yes No			

5	TYPE OF BLANK CASING USED:
<input checked="" type="checkbox"/> 1 Steel <input type="checkbox"/> 2 PVC <input type="checkbox"/> 3 RMP (SR) <input type="checkbox"/> 4 ABS <input type="checkbox"/> 5 Wrought <input type="checkbox"/> 6 Asbestos-Cement <input type="checkbox"/> 7 Fiberglass <input type="checkbox"/> 8 Concrete Tile <input type="checkbox"/> 9 Other (Specify below)	
Blank casing diameter in. Was casing pulled? Yes No If yes, how much	
Casing height above or below land surface in.	

6	GROUT PLUG MATERIAL:
<input checked="" type="checkbox"/> 1 Neat cement <input type="checkbox"/> 2 Cement grout <input checked="" type="checkbox"/> 3 Bentonite <input type="checkbox"/> 4 Other	
Grout Plug Intervals: From ft. to ft., From ft. to ft., From to ft.	
What is the nearest source of possible contamination:	
<input type="checkbox"/> 1 Septic tank <input type="checkbox"/> 2 Sewer lines <input type="checkbox"/> 3 Watertight sewer lines <input type="checkbox"/> 4 Lateral lines <input type="checkbox"/> 5 Cess pool <input type="checkbox"/> 6 Seepage pit <input type="checkbox"/> 7 Pit privy <input type="checkbox"/> 8 Sewage lagoon <input type="checkbox"/> 9 Feedyard <input type="checkbox"/> 10 Livestock pens <input type="checkbox"/> 11 Fuel storage <input type="checkbox"/> 12 Fertilizer storage <input type="checkbox"/> 13 Insecticide storage <input type="checkbox"/> 14 Abandoned water well <input type="checkbox"/> 15 Oil well/Gas well <input type="checkbox"/> 16 Other (specify below)	
Direction from well? How many feet?	

FROM	TO	PLUGGING MATERIALS
397	392	Bentonite
392	250	Chlorinated Gravel
250	240'	Neat Cement
240'	10'	Clays
10'	6'	Neat Cement
6'	0'	Top Soil

RECEIVED
OCT 21 2004
BUREAU OF WATER

7	CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 10-19-04 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 298 This Water Well Record was completed on (mo/day/year) under the business name of WINTER WILSON DRILLING CO. INC. by (signature) [Signature]
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INSTRUCTIONS: Use typewriter or ball point pen. Please press firmly and print clearly. Please fill in blanks, underline or circle the correct answers. Send top three copies to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 785/296-5522. Send one to Water Well Owner and retain one for your records.